



**Responsible  
Beverage  
Service**

Ph: (671) 477-9079~83, Fax: (671) 477-9076

**Venue: Sinajana Mayor's Office**

**Time: 1:00pm – 4:00pm**

**Please select training date:**

☐ **March 18th**

☐ **April 22<sup>nd</sup>**

☐ **May 20<sup>th</sup>**

### Registration Form

**Participant Name:** \_\_\_\_\_

**Sex:** M [ ] F [ ]

**Age:** \_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_ **Fax #:** (\_\_\_\_) \_\_\_\_\_ **Village:** \_\_\_\_\_

**Position/Job Title:** \_\_\_\_\_

**Organization/Business:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please select one (1) choice from the Ethnicity bracket list that best describes you:**

**Ethnicity:**

☐ African-American

☐ Carolinian

☐ Caucasian

☐ Chamorro

☐ Chinese

☐ Chuukese

☐ Fijian

☐ Filipino

☐ Indian (Asian)

☐ Japanese

☐ Korean

☐ Other Pacific Islander, specify: \_\_\_\_\_

☐ Other Asian, specify: \_\_\_\_\_

☐ Other, specify: \_\_\_\_\_

☐ Kosraean

☐ Marshallese

☐ Native Hawaiian

☐ Palauan

☐ Pingelapese

☐ Pohnpeian

☐ Samoan

☐ Taiwanese

☐ Thai

☐ Vietnamese

☐ Yapese

**Are you affiliated with the military?** ☐ Yes ☐ No

*I consent to voluntarily complete this Responsible Beverage Service Training and confirm that I have been informed to my satisfaction as to the purpose of the training. I understand that pictures and/or videos may be taken at the training and hereby agree and consent to the use of these pictures or videos by the Department of Mental Health and Substance Abuse for promotional and/or other educational purposes.*

\_\_\_\_\_  
(Print Participant's Name)

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
Date

**Please return via fax to 477-9076 or Scan and E-Mail to [audrey.topasna@mail.dmhhsa.guam.gov](mailto:audrey.topasna@mail.dmhhsa.guam.gov)**